IN RE:	8	Case No. 22-60020
	§	
INFOW, LLC, et al.,	§	Chapter 11 (Subchapter V)
	§	
Debtors ¹	§	Jointly Administered

 $^{^1}$ The Debtors in these chapter 11 cases along with the last four digits of each Debtor's federal tax identification number are as follows: InfoW, LLC f/k/a Infowars, LLC (6916). IWHealth, LLC f/k/a Infowars Health, LLC (no EIN), Prison Planet TV, LLC (0005). The address for service to the Debtors is PO Box 1819, Houston, TX 77251-1819.



Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions

■ Tcode 13196 Franchise

This report must be signed to satisfy franchise tax requirements. 100000000000015
PRISON PLANET TV, LLC
AUSTIN State TX ZIP code plus 4 78760 0800898371
AUSTIN TX 78760 0800898371 Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C. Principal office PO Box 19549, AUSTIN, TX, 78760 Principal place of business PO Box 19549, AUSTIN, TX, 78760 You must report officer, director, member, general partner and manager information as of the date you complete this report. Please sign below! This report must be signed to satisfy franchise tax requirements. SECTION A Name, title and mailing address of each officer, director, member, general partner or manager. Name Mailing address City AUSTIN Term expiration Title Director YES Term expiration Title Director Term expiration Term expi
Principal office PO Box 19549, AUSTIN, TX, 78760 Principal place of business PO Box 19549, AUSTIN, TX, 78760 You must report officer, director, member, general partner and manager information as of the date you complete this report. Please sign below! This report must be signed to satisfy franchise tax requirements. SECTION A Name, title and mailing address of each officer, director, member, general partner or manager. Name ALEX JONES MANAGER Title Director Term expiration Term Ter
PO Box 19549, AUSTIN, TX, 78760 You must report officer, director, member, general partner and manager information as of the date you complete this report. Please sign below! This report must be signed to satisfy franchise tax requirements. SECTION A Name, title and mailing address of each officer, director, member, general partner or manager. Name ALEX JONES MANAGER Title Director PO Box 19549 AUSTIN Title Director YES Term Expiration Term Term Expir
Principal place of business PO Box 19549, AUSTIN, TX, 78760 You must report officer, director, member, general partner and manager information as of the date you complete this report. Please sign below! This report must be signed to satisfy franchise tax requirements. SECTION A Name, title and mailing address of each officer, director, member, general partner or manager. Manager PO Box 19549 ALEX JONES MANAGER Title Director YES Term expiration Title Director Term expiration Te
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SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.
Name of owned (parent) corporation, LLC, LP, PA or financial institution State of formation Texas SOS file number, if any Percentage of ownership
Registered agent and registered office currently on file (see instructions if you need to make changes) Agent: Eric J. Taube You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.
Office: 100 Congress Ave 18th Fir City Austin State TX 78701
The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B and C, if necessary. The information will be available for public inspection.
I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.
sign here Bill Love Title MANAGER Date 11/10/2021 Area code and phone number (512) 646 - 4408
Texas Comptroller Official Use Only
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IN RE:	§	Case No. 22-60020
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INFOW, LLC, et al.,	§	Chapter 11 (Subchapter V)
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Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions

■ Tcode 13196 Franchise

■ Taxpayer number	■ Reporty	/ear									
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Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.											
Principal office PO Box 19549, AUSTIN, TX, 78760											
Principal place of business PO Box 19549, AUSTIN, TX, 78760											
You must report officer, director, member, general partner and mane	ager informa	tion as o	of the date	you complete this	report.						
Please sign below! This report must be signed	to satisfy	, fran	chise ta	x requiremen	ıts.	1000	00000001	5			
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ALEX JONES	IV.	IANA	GER	│ ○ YE	S expirati	on					
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Mailing address	City				State		ZIP Code				
SECTION B Enter information for each corporation, LLC, LP,	PA or finan	cial ins	titution, i	f any, in which th	is entity owns	s an interest o	f 10 percent	or more.			
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Office: 100 Congress Ave 18th Fir			City	Austin		State TX	ZIP Code 78	701			
The information on this form is required by Section 171.203 of the Tax Coc sheets for Sections A, B and C, if necessary. The information will be availab				or financial instituti	on that files a Te	xas Franchise Tax					
I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.											
sign here ALEX JONES	Title		NAGE	R Date	/11/2020		and phone nur 646 - 44				
Texas Comptroller Official Use Only											
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IN RE:	§	Case No. 22-60020
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Case 22-60020 Document 22-11 Filed Filing Number 1280089837 of 13

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Texas Franchise Tax Public Information Report	
To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),	

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Case 22-60020 Document 22-11 Filed in TXSB on 04/21/22 Page 7 of 13

TRANSMITTER ID = CCHFTWSPROD TLN = 00042714895

IN RE:	8	Case No. 22-60020
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Case 22-60020 Document 22-11 14894278 on 04/2 Filing Number: 809898371

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Texas Franchise Tax Public Information Report

TX2012 Ver. 3.4 05-102

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

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I declare that the information in this document and any attachment been mailed to each person named in this report who is an officer,										
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Case 22-60020 6000 4184 19 5 19 2 in TXSB on 04/21/22 Page 13 of 13

TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

Comptroller of Public Accounts FORM

sign here

05-102 (Rev. 1-08/28)

(To be filed by Corporations and Limited Liability Companies (LLCS))
This report MUST be filed to satisfy franchise tax requirements

1 1600	ie 13196		•	•			
					have certain rights under Chapter 552 and 559, Government Code, view, request, and correct information we have on file about you.		
3 2 0 3 4	1 5 9 7 5 9	2 0 0	9	•		2-1381, toll free nationwide.	
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Mailing address PO BOX 19549						y of State file number or oller file number	
City AUSTIN	State TX		ZIP Code 78760		0800898	3371	
Blacken circle if there are currently no changes or additions to the information displayed in Section A of this report. Then complete Sections B and C.							
Entity's principal office PO BOX 19549; AUSTIN,	TX 78760						
Principal place of business 3019 ALVIN DEVANE BLVD, STE 350; AUSTIN, TX 78741							
Please sign below!	Officer, director and member info Report is completed. The inform report. There is no requirement of officers, directors, or members ch	ation is updated anr or procedure for sup	nually as part of the france plementing the informa	chise tax		3203415975909	
	and mailing address of each offi		mber.				
Name		Title		Directo	Term I	mmddyy 	
ALEX JONES		MANAGER		O YE	expiration		
Mailing address PO BOX 19549		City AUSTIN			State TX	ZIP code 78760	
Name		Title		Directo	Term I	mmddyy	
		-		O YE	expiration [
Mailing address		City			State	ZIP code	
Name		Title		Directo	Term 1	mmddyy	
				YE YE	expiration		
Mailing address		City			State	ZIP code	
Name		Title		Director	Term I	mmddyy	
				O YE	expiration		
Mailing address		City			State	ZIP code	
	nformation required for each corp t (10%) or more.	poration or LLC, if a	nny, in which this repor	ting entity ow	ns an interest of		
Name of owned (subsidiar	ry) Corporation or limited liability c	ompany	State of formation	Texas	SOS file number, if a	ny Percentage of Ownership	
Name of owned (subsidiar	ry) Corporation or limited liability c	ompany	State of formation	Texas	SOS file number, if a	ny Percentage of Ownership	
	nformation required for each corp nited liability company.	poration or LLC, if a	nny, that owns an intere	est of ten perc	cent (10%) or more i	n this reporting	
Name of owned (parent) o	corporation or limited liability com	pany	State of formation	Texas	SOS file number, if a	ny Percentage of Ownership	
Registered agent and regi	stered office currently on file. <i>(See</i> SCHURIG	instructions if you ne	eed to make changes)	/ \	cken circle if you nee registered agent or r	d forms to change registered office information.	
Office: 100 CONGRESS	AVENUE 22ND FLOOR		City AUSTIN		State TX	ZIP Code 78701	
•	aired by Section 171.203 of the Tax Code essary. The information will be available	•	or limited liability company	that files a Texas	Franchise Tax Report. L	Jse additional sheets	
	in this document and any attachments						

Title CONTROLLER

Date 11/03/2009





Area code and phone number (512) 646 - 4408

